## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		dentification information												
For calendar	plan year 2018 or fis	cal plan year beginning 01/01/2	2018		and ending 12	2/31/20	018							
A This retu	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)													
		a one-participant plan	a foreign plan											
B This return/report is the first return/report the final return/report														
		an amended return/report	a s	hort plan year return	/report (less than 12 m	onths)								
C Check bo	ox if filing under:	Form 5558	au	tomatic extension		DF	VC program							
		special extension (enter desc	. ,											
Part II	<b>Basic Plan Infor</b>	rmation—enter all requested in	nformatio	on										
1a Name of						1b	Three-digit							
	BOARD CAFE & BAK	CERY 401(K) PLAN					plan number (PN)	001						
						1c	Effective date of							
								1/2015						
Mailing a	address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.0				2b	Employer Identi (EIN) 91-1	fication Number 735266						
	own, state or province BOARD OF MOUNT \	e, country, and ZIP or foreign positions.  VERNON, INC.	tal code	(if foreign, see instri	uctions)	2c	Sponsor's telep							
						2d	Business code /	see instructions)						
121 B FREEW	'AY DR					Zu	·	,						
	NON, WA 98273						4452	91						
3a Plan adı	<b>3a</b> Plan administrator's name and address					3b Administrator's EIN								
						3c Administrator's telephone number								
						<b>3c</b> Administrator's telephone number								
4 16.1	1/ EIN (1)					41-								
		plan sponsor or the plan name hasor's name, EIN, the plan name				4b EIN								
<b>a</b> Sponsor	r's name					4d	PN							
C Plan Na	me													
<b>5a</b> Total nu	ımber of participants a	at the beginning of the plan year.				5	a	59						
<b>b</b> Total nu	ımber of participants	at the end of the plan year				51	0	43						
		ccount balances as of the end of				50	c	22						
<b>d(1)</b> Total	number of active part	ticipants at the beginning of the p	olan year	·		5d(	(1)	49						
<b>d(2)</b> Total	number of active par	ticipants at the end of the plan ye	ear			5d(	(2)	38						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						50		0						
		r incomplete filing of this retur												
SB or Sched		er penalties set forth in the instru d signed by an enrolled actuary, lete.												
		valid electronic signature.		05/04/2019	RODNEY W. FREED									
HERE	Signature of plan ac	dministrator		Date	Enter name of individ	ual sig	ning as plan adr	ninistrator						
SIGN														
HERE	Signature of employer/plan sponsor Date Enter name of indiv						ridual signing as employer or plan sponsor							

Form 5500-SF (2018) Page **2** 

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	: If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (Se								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) I	End of Year	
а	Total plan assets	7a	2	09205				24581	4
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	2	09205				24581	4
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun					b) Total	
	Contributions received or receivable from:		(a) Amoun	it .				D) TOTAL	
u	(1) Employers	8a(1)		13870					
	(2) Participants	8a(2)		52258					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	-	17699					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						48429	<u> </u>
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10965				10 12	
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		855					
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1182	0
<del>-:</del>	Net income (loss) (subtract line 8h from line 8c)							36609	
÷	Transfers to (from) the plan (see instructions)							3000.	<del>3</del>
	· · · · · · · · · · · · · · · · · · ·	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	ides from the List of Pl	an Cha	racteri	Stic Co	odes in the	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the i	nstructions:	
Par	t V Compliance Questions								
10					Yes	No		Amount	
	During the plan year:  Was there a failure to transmit to the plan any participant contribu	itione withi	n the time period		163	140		Amount	
u	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			2	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g						Χ			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Form 5500-SF (2018)	Page <b>3</b> - 1
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Part	VI Pension Funding Compliance								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to							
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection** 

Complete all	l entries in accordance with the in	structions to the Form 5500-SF.	Public Inspection					
Part I Annual Report Identification Info								
For calendar plan year 2018 or fiscal plan year beginning			31/2018					
A This return/report is for:    X   a single-employer plan								
☐ a one-participant plan ☐ a foreign plan  B This return/report is ☐ □ □ □ □								
the first return/rep	ort the final return/repo	rt						
an amended return/report a short plan year return/report (less than 12 months)								
C Check box if filing under: Form 5558	automatic extensio	n DFVC p	program					
Part II Basic Plan Information—enter all re 1a Name of plan	equested information	141						
CALICO CUPBOARD CAFE & BAKERY	401(k) PLAN	1b Thre plan	number					
·			ctive date of plan					
2a Plan sponsor's name (employer, if for a single-empl Mailing address (include room, apt., suite no. and st	treet, or P.O. Box)	20013-0	loyer Identification Number					
City or town, state or province, country, and ZIP or f CALICO CUPBOARD OF MOUNT VERNOR	foreign postal code (if foreign, see ir N, INC.	2c Spor	nsor's telephone number					
121 B FREEWAY DR.			360-202-0369  2d Business code (see instructions)					
MOUNT VERNON WA	98273							
3a Plan administrator's name and address X Same as	s Plan Sponsor		445291 <b>3b</b> Administrator's EIN					
M ount a	o i ian oponson	3D Admi	Administrator's EIN					
			nistrator's telephone number					
4 If the name and/or EIN of the plan sponsor or the plan this plan, enter the plan sponsor's name, EIN, the p	an name has changed since the las	t return/report filed for the last return/report.	4b EIN					
a Sponsor's name	·	4d PN						
C Plan Name								
<b>-</b>								
5a Total number of participants at the beginning of the			59					
b Total number of participants at the end of the plan y	/ear	5b	43					
C Number of participants with account balances as of complete this item)		5C	22					
d(1) Total number of active participants at the beginning	ng of the plan year	5d(1)	49					
d(2) Total number of active participants at the end of t	the plan year	5d(2)	38					
e Number of participants who terminated employmen than 100% vested	benefits that were less 5e	0						
Caution: A penalty for the late or incomplete filing of	this return/report will be assesse	d unless reasonable cause is netal	olished.					
Under penalties of perjury and other penalties set forth in SB or Schedule MB completed and signed by an enrolled belief, it is true, correct, and complete.	d actuary, as well as the electronic v	e examined this return/report, including ersion of this return/report, and to the	ng, if applicable, a Schedule best of my knowledge and					
SIGN HERE	5/4/19	Rodney W. Freed						
Signature of plan administrator	Date	Enter name of individual signing a	as plan administrator					
SIGN								
Signature of employer/plan sponsor	Date	Enter name of individual signing a	as employer or plan sponsor					

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	an indepen and conditi iot use Foi nsurance pr	dent qualified public a ons.)	accoun it inste	tant (I0 ead us 4021)?	QPA) e Form	<b>5500.</b> Yes ∏No	⊠ Not	Yes No
Day	t III Financial Information			iuii ya				, (See I	nstructions.)
7									
	Plan Assets and Liabilities Total plan assets	ATIV DVI	(a) Beginning		$\overline{}$		(b) End	of Year	
	Total plan liabilities	7a		209,	205				245,814
	Total plan liabilities	7b		200	0.05				
	Net plan assets (subtract line 7b from line 7a)	7c		209,	205				245,814
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	ıt		et VVVI	(b) T	otal	
	(1) Employers	8a(1)		13,	870				
	(2) Participants	8a(2)		52,	258				5
	(3) Others (including rollovers)	8a(3)				Total I		a limit	
	Other income (loss)	8b		-17,	699		and he is		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							48,429
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10,965			Section 1		10,123
е	Certain deemed and/or corrective distributions (see instructions)	8e					Contract Contract	18	
f_	Administrative service providers (salaries, fees, commissions)	8f	855			Na Riv	1.5	Till I	
_g	Other expenses	8g					8. 1		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								11,820
i	Net income (loss) (subtract line 8h from line 8c)								36,609
j	Transfers to (from) the plan (see instructions)	81					IN THE STREET	10	
Par	t IV Plan Characteristics	1							
	If the plan provides pension benefits, enter the applicable pension $2E\ 2G\ 2J\ 2K\ 2T\ 3D$								;
Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature code	s from the List of Pla	n Chara	acteris	tic Code	es in the instru	uctions:	
10	During the plan year:				Tv	I T			
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	400	Yes	No X		Amount	
b		? (Do not in	clude transactions	10a 10b		х			
С	Was the plan covered by a fidelity bond?			10c	х				20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х			20,000
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons	by an insurance	10e		х			
f						х			
g						x			
h						х			
I	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10h					

	Form 5500-SF (2018) Page <b>3</b> -	-					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (Form 5500) and line 11a below)	tions and complete Sch	nedule S	B		Yes	s No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 4' ERISA?			f		Yes	x No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye granting the waiver.	ear, see instructions, an	d enter		of the le Yea		uling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk						
b	Enter the minimum required contribution for this plan year		12b				
	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus s negative amount)	sign to the left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part '	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	x	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	head			********
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another pla control of the PBGC?	ın, or brought under the		Г	Yes	X N	No

13c(2) EIN(s)

13c(3) PN(s)

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred.

13c(1) Name of plan(s):